

GARDEN OF REFLECTION AT WEST STREET CEMETERY, FARNHAM

Permit Application for a Plaque in the Memorial Book

Name of Applicant: (in full)

Address:

.....Postcode.....

Telephone number:

Are there any ashes to be scattered in the Garden of Reflection? yes/no (delete)

Name of the deceased.....

INSCRIPTION FOR THE PLAQUE:

The plaque size is 10 x 7.5cms.

The plaque must have no more than 19 characters and spaces per line on a maximum of 4 lines

Please write your inscription in the boxes and write your wording as you wish the inscription to be i.e. upper or lower case. No more than one letter or number per box. **Do** include spaces. The lettering style has been pre-determined with the Council's stonemason and he will centre the text on the tablet. All fonts will be 5mm except for the name at 7mm.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Line 1																			
Line 2																			
Line 3																			
Line 4																			

The Council cannot accept responsibility for any incorrect inscription due to mis-spellings or ambiguous writing.

I/We hereby make application for permission to*:

- 1) Apply for a memorial plaque
- 2) Scatter ashes in The Garden of Reflection

*Delete as applicable

Fee of £..... is enclosed herewith (all cheques to be made payable to "Farnham Town Council")

The fee is either **resident £200 plus** inscription or **non-resident £300 plus** inscription. This includes scattering of ashes and an inscribed plaque in the Granite Memorial Book

A fee of £40 is for scattering of ashes only.

I confirm that the above entry is correct

Signed (applicant):

Date:

ALL INSCRIPTION WORK IS TO BE CARRIED OUT BY FARNHAM TOWN COUNCIL'S DESIGNATED STONEMASON

(This form may be updated periodically, June 2023)